

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED

2014 APR -9 AM 11:36
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1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

ADDRESS (number and street) **1035 S SEMORAN BLVD**
SUITE 1045A
Check if different than previously reported. (ACC) **WINTER PARK FL 32792-5512**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

000163212

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

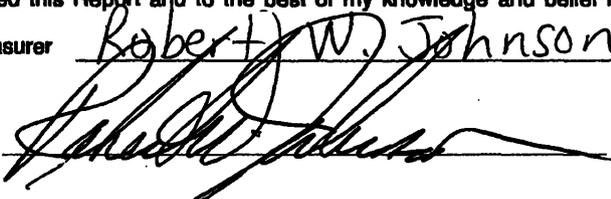
- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |
- Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|
- Election on / / in the State of

5. Covering Period **01' 01' 2014** through **03' 31' 2014**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Robert W. Johnson**

Signature of Treasurer 

Date **04' 04' 2014**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
Rev. 12/2004

14031204277

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION, INC PAC

Report Covering the Period: From: 01'01'2014 To: 03'31'2014

14031204278

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2014</u>		<u>119,089.45</u>
(b) Cash on Hand at Beginning of Reporting Period.....	<u>119,089.45</u>	
(c) Total Receipts (from Line 19).....	<u>0</u>	<u>0</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<u>119,089.45</u>	<u>119,089.45</u>
7. Total Disbursements (from Line 31).....	<u>5,250.00</u>	<u>5,250.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<u>113,839.45</u>	<u>113,839.45</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0</u>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<u>0</u>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE / OF /
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

OUTDOOR AMUSEMENT BUSINESS ASSOCIATION INC PAC

Full Name (Last, First, Middle Initial)

A. Citizens for Noland		Date of Disbursement
Mailing Address 164 Division, Suite 410		02' 24' 2014
City Elgin	State IL	Zip Code 60120
Purpose of Disbursement Campaign contribution		Amount of Each Disbursement this Period 25000
Candidate Name Senator Michael Noland		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District:	Category/Type 011

B. Lofgren for Congress		Date of Disbursement
Mailing Address P.O. Box 913		03' 10' 2014
City San Jose	State CA	Zip Code 95113
Purpose of Disbursement Campaign contribution		Amount of Each Disbursement this Period 500000
Candidate Name Zoe Lofgren		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District:	Category/Type 011

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

525000

14031204279

14031204280



Outdoor Amusement Business Association
1035 S. Semoran Blvd., Suite 1045A
Winter Park, FL 32792

ORLANDO
FL 327
04 APR '14
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Washington, DC 20463



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 The FEC added this page to the end of this filing to indicate how it was received.

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Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

gr 4/9/14
PREPARER **DATE PREPARED**

(8/2013)

14031204281